

Name _____ Jane Q. Interpreter _____ Language _____ Esperanto _____ Contract # _____ Your Supplier # _____
Address _____ 1234 Anystreet, Anytown, WA 98000 _____

DEFENDANT NAME	CASE NUMBER	CASE TYPE	HEARING TYPE	LOCATION	TIME IN	TIME OUT	TOTAL TIME	APPROVER'S PHONE EXTENSION & INITIALS
Misdemeanor, John Doe	1A0012345 WSP	CT	ARR	Parcher / Zoom	8:30	9:00	.5	Zoom ID: 98217394346
Felony, Jane Doe	21-1-01234-06	FEL	REV	Clark / Zoom	9:00	9:15	.25	Zoom ID: 94014050608
Juvenile, John Doe	21-8-12345-06	JVC	SHC	Ellis / Zoom	9:15	9:45	.5	Zoom ID: 98012345678
Doe, Jane	21H000001	CIV	NJT	George / Zoom	9:45	10:15	.5	Zoom ID: 94012345678
Doe, John	201234P CKP	DV	NONE	Call w/Atty John P. Lawyer	10:15	11:00	.75	Telephonic As per schedule
Doe, Jane	22-1-00012-06	FEL	NONE	Jail w/Atty Mary L. Lawyer	11:00	11:30	.5	In person [Get initials from court personnel]

Submit to: Clark County District Court Accounting, or **e-mail** to: DistrictAccounting@clark.wa.gov